

COMMUNITY TRANSFORMATION GRANTS SUMMARY OF FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)

The Prevention Health Reform workgroup met on May 31st to discuss the new Community Transformation Grant (CTG) Funding Opportunity Announcement. The Centers for Disease Control and Prevention (CDC) will be awarding up to 75 grants, for a total of \$102.6 million (in FY 2011). **Letters of intent are required and due to the CDC by June 6, 2011. The final application must be submitted no later than July 15, 2011.** The grants will be awarded on September 15, 2011.

This document provides a brief overview of the funding opportunity. The complete funding opportunity announcement is available at: <http://www.cdc.gov/communitytransformation/>. Potential applicants may want to review Appendix G to get a better understanding of the potential strategies of interest to CDC.

STRATEGIC DIRECTIONS:

CDC has identified five strategic directions:

- 1) **Tobacco free living,**
- 2) **Active living and healthy eating**
- 3) **High impact evidence-based clinical and other preventive services (specifically prevention and control of high blood pressure and high cholesterol)**
- 4) Social and emotional wellness
- 5) Healthy and safe physical environments

The first three strategic direction areas are mandatory. Applicants will *not* be successful if they only choose to focus on one or two of the mandatory strategic areas shown in bold above. Successful applicants must show how they will successfully implement broad evidence and practice-based policy, environmental, programmatic, and infrastructure changes that focus on all three, including tobacco-free living, active living and healthy eating, and high impact evidence-based clinical and other preventive services, specifically addressing the prevention and control of high blood pressure and cholesterol. The last two strategic direction areas (4 and 5 above) are optional to applicants.

Applicants must have the capacity to measure progress. Specifically, applicants seeking an implementation award must show how they can meet the following 5% improvement targets:

- Reduce death and disability due to tobacco use by 5% in the implementation area.
- Reduce the rate of obesity through nutrition and physical activity interventions by 5% in the implementation area.
- Reduce death and disability due to heart disease and stroke by 5% in the implementation area.

ELIGIBLE APPLICANTS:

The following groups are eligible to apply: state and local governmental agencies, tribes and territories, state or local nonprofit organizations, national networks of community based organizations, and counties with populations of 500,000 or more. **There are a few caveats to be noted in regards to eligibility, however. First, the funding opportunity for the national**

CBO networks will be announced separately, so these types of organizations should not respond to this FOA. In addition, counties with populations of 500,000 or more must apply for funding separately from the state, if they are interested in funding. In North Carolina, two counties meet the 500,000 population threshold: Wake and Mecklenburg. Other, non-tribal applicants *must* apply to serve the entire state (minus Wake and Mecklenburg). **In other words, if a community group from County X seeks to apply for a CTG grant, it must have the capacity to serve the entire state (minus Wake and Mecklenburg). In addition, to be successful, the county X application must also show it has the capacity to make a 5% improvement in each of the mandatory strategic direction areas.** (Note: Wake and Mecklenburg would be excluded from County X's service/improvement area since these two counties are eligible to respond to the FOA on their own.)

GRANT OPPORTUNITIES:

Eligible organizations can apply for either a capacity building grant (Category A) *or* an implementation grant (Category B). In other words, the same organization cannot apply for both a capacity building grant and an implementation grant. **Note: CDC will *not* award more than one grant to cover the same geographic area. For the purposes of this FOA, there are three geographic areas in the state: Wake County, Mecklenburg County, and the state (excluding Wake and Mecklenburg).** Thus, if the CDC awards a capacity grant that covers the state, it will *not* also award an implementation grant to cover the state. Theoretically, we could obtain three separate grants in North Carolina: 1) capacity or implementation grant that would cover Wake County, 2) capacity or implementation grant that would cover Mecklenburg County, and 3) capacity or implementation grant that would cover the rest of the state. Applicants must obtain a letter of support from the state health director (as well as from some of the local health directors in the applicable areas).

Capacity grants (Category A) will be awarded in the range of \$50,000-\$500,000. The capacity building grant must describe the area(s) that will be the focus of intervention if they are selected for an implementation grant at a later time, and may pilot one or more implementation activities with their awarded fund. They can apply for an implementation award at any point within 48 months of the original award, if funds are available to support their request.

Implementation grant (Category B) will be awarded in the range of \$100,000-\$10 million (the FOA includes different potential award amounts for state/local government/nonprofits; territories; and tribes). Implementation grants must include policy, environmental, programmatic and infrastructure changes consistent with the strategic directions, and must ensure that planning and implementation activities reach the entire population and specific population subgroups with documented health disparities.

STATEWIDE GRANT:

In order to maximize the potential grant opportunity to the state, the North Carolina Division of Public Health (DPH) plans to submit an implementation grant application to cover the state (except Mecklenburg and Wake Counties). According to information obtained from the CDC—if North Carolina successfully obtains an implementation grant, at least 50% will be distributed to communities (and of that, at least 36.39% of the total award must be spent in rural areas). The Division of Public Health believes it will be competitive in seeking an implementation grant as it

has already received CDC funding for prevention infrastructure, and has a well-developed prevention action plan and statewide 2020 objectives. However, to be successful, DPH must also be able to demonstrate partnerships with key stakeholders including other state agencies and community partners.

Eligible entities that are interested in supporting and potentially working with DPH in the implementation of a statewide CTG should send an email to Ruth Petersen to let her know of the group's interest: ruth.petersen@dhhs.nc.gov. Ruth Petersen is the Section Chief for the Chronic Disease and Injury Prevention Section of the Division of Public Health. Eligible entities that are seeking to apply for a CTG separately are not being asked to coordinate efforts with the state. However, they must obtain a letter of support from the State Health Director. Organizations or groups applying for a CTG separately can seek a letter of support from the State Health Director by contacting Ruth Petersen.